

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Peter M. Bonutti

Examiner: Matthew John Kasztejna

Serial No.: 10/743,125

Group: Art Unit : 3739

Filed: December 22, 2003

Dated: August 20, 2007

For: **FLUID OPERATED RETRACTORS**

Mail Stop: RCE
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [] Small entity status of this application under 37 C.F.R. § 1.9 and 1.27 has been established by a verified statement previously submitted.
- [] A verified statement to establish small entity under 37 C.F.R. § 1.9 and 1.27 is enclosed.
- [X] No additional fee is required.

The fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY	OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDIT. RATE FEE	ADDIT. RATE FEE
TOTAL	*11 MINUS ** 20	= 0	X 25 \$	X 50 \$ 0	
INDEP.	* 2 MINUS ** 3	= 0	X 100 \$	X 200 \$ 0	
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			X 180 \$	X 360 \$ 0	
			TOTAL	OR TOTAL	\$ 0
			ADDIT. FEE	\$ -0-	

* If the entry in Co. 1 is less than entry in Col. 2, write "0" in Col. 3.

** If the "Highest No. Previously Paid for" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The Highest No. Previously Paid For (Total or indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

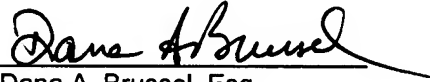
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to the: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on date below.

Dated: August 20, 2007


 Dana A. Brussel

- ☐ Please charge Deposit Account No. **21-0550** in the amount of \$____. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$____ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. **21-0550**. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. **21-0550** therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Dana A. Brussel, Esq.
Reg. No. 45,717
Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP
445 Broad Hollow Road, Suite 225
Melville, New York 11747
Tel.: (631) 501-5700
Fax: (631) 501-3526

Correspondence address:

Chief Patent Counsel
United States Surgical,
a Division of Tyco Healthcare Group, LP
195 McDermott Road
North Haven, CT 06473